

11/17/99



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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	CWP-012CN3
	First Named Inventor	Charlton
	Title	TEST DEVICE AND METHOD FOR COLORED PARTICLE IMMUNOASSAY

APPLICATION ELEMENTS	ADDRESS TO: Box Patent Application Assistant Commissioner for Patents Washington, D.C. 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form	ACCOMPANYING APPLICATION PARTS
2. <input checked="" type="checkbox"/> Specification and Drawings [Total Pages 28] - Specification - (20 pages) - Claims - (6 pages) - Abstract - (1 pages) - Sheets of Drawings - (1 sheet) <input type="checkbox"/> Formal <input checked="" type="checkbox"/> Informal	7. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
3. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 2] a. <input type="checkbox"/> Newly executed (original) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 4 below]	8. <input type="checkbox"/> English Translation Document (if applicable)
4. <input checked="" type="checkbox"/> Incorporation by Reference (usable if Box 3b is checked) The entire Disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	10. <input checked="" type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Drawings [Total Sheets] <input type="checkbox"/> Letter to Official Draftsperson Including Drawings [Total Pages]
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Paper Copy (identical to computer copy) <input type="checkbox"/> Statement verifying identify of above copies	11. <input checked="" type="checkbox"/> Return Receipt Postcard
	12. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statements filed in prior application, (Status still proper and desired)
	13. <input type="checkbox"/> Certified Copy of Priority Document(s)
	14. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached deleting inventor(s) named in the prior application.
	15. <input type="checkbox"/> Patent Application Data Entry Form
	16. <input type="checkbox"/> Other:
17. <input checked="" type="checkbox"/> If a CONTINUING APPLICATION , check appropriate box and supply the requisite information: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application <u>USSN 08/886,088, filed July 2, 1997, which is a continuation of USSN 07/995,331, filed December 23, 1992, now U.S. Patent No. 5,714,389, which is a continuation of USSN 07/702,450, filed May 16, 1991, which is a continuation of USSN 07/211,582, filed June 27, 1988.</u> Priority to the above application(s) is claimed under 35 U.S.C. 120. Prior application information: Examiner: P. Do Group/Art Unit: 1641.	
18. <input type="checkbox"/> Priority - 35 U.S.C. 119 <input type="checkbox"/> Priority of application Serial No. _____ filed on _____ in _____ is claimed under 35 U.S.C. 119. <input type="checkbox"/> The certified copy has been filed in prior U.S. application Serial No. _____ / _____ on _____. <input type="checkbox"/> The certified copy will follow.	

CORRESPONDENCE ADDRESS	SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100	Respectfully submitted, Duncan A. Greenhalgh Atty/Agent for Applicant(s) Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110

GREENHAL1451/2.847278-1

JCS69 U.S. PTO
09/441875

11/17/99

FEE TRANSMITTAL

Note: Effective October 1, 1997.
Patent fees are subject to annual revision

Complete if Known

Application Serial Number	Continuation of USSN 08/886,088
Filing Date	November 17, 1999
First Named Inventor	Charlton
Group Art Unit	1641 (prior application)
Examiner Name	P. Do (prior application)
Attorney Docket No.	CWP-012CN3

METHOD OF PAYMENT

1. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other
2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below to Deposit Account No. 20-0531.
☐ Required Fees (copy of this sheet enclosed).
☒ Additional fee required under 37 CFR 1.16 and 1.17.
☒ Overpayment Credit.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or	
130	130	Non-English specification	
2,520	2,520	For filing a request for reexamination	
110	55	Extension for reply within first month	
380	190	Extension for reply within second month	
870	435	Extension for reply within third month	
1,360	680	Extension for reply within fourth month	
1,850	925	Extension for reply within fifth month	
300	150	Notice of Appeal	
300	150	Filing a brief in support of an appeal	
260	130	Request for oral hearing	
130	130	Petitions to the Commissioner	
50	50	Petitions related to provisional applications	
240	240	Submission of Information Disclosure Statement (37 CFR 1.97(c))	
130	130	Submission of Information Disclosure Statement (37 CFR 1.97(d))	
760	380	Filing a submission after final rejection (37 CFR 1.129(a))	
760	380	For each additional invention to be examined (37 CFR 1.129(b))	
		Other (Specify)	

FEE CALCULATION**1. FILING FEE**

Large Entity Fee (\$)	Fee Description	Fee Paid
760	Utility filing fee	760.00
310	Design filing fee	
150	Provisional filing fee	

	Number Filed*	Number Extra	Rate	Amount
Total Claims	13	- 20 = 0	x \$ 18.00 =	0.00
Independent Claims	1	- 3 = 0	x \$ 78.00 =	0.00
<input type="checkbox"/> Multiple Dependent Claim(s), if any				\$260.00 = 0.00
*Calculation based upon entry of Preliminary Amendment				TOTAL: 760.00
SMALL ENTITY DISCOUNT:				0.00
SUBTOTAL (1)			(\$)	760.00

2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total	-	=	x \$ 18.00 =	
Indep.	-	=	x \$ 78.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim				+ \$260.00 =
TOTAL:				(\$)
SMALL ENTITY DISCOUNT:				(\$)
SUBTOTAL (2)			(\$)	0.00

SUBTOTAL (3) (\$ 0.00)

SUBTOTAL (1) 760.00

SUBTOTAL (2) 0.00

SUBTOTAL (3) 0.00

TOTAL (\$ 760.00)

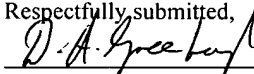
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Respectfully submitted,

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